



## Request for Exception to Licensing Standard

### Division of Health Licensing

Licensees and prospective licensees must comply with all requirements of statutes, codes, and regulations. The Department, however, may grant exceptions (to regulatory standards only) if the service of the licensed/proposed facility is needed and if the exception will not have a negative impact on the safety, health, or well being of the current/future clients or occupants of the licensed/proposed facility. A facility requesting an exception to a licensing standard must complete items 1 - 7 of this form and return it to: **SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC, 29201**. In order to avoid having to request additional information from you, please complete the form entirely and attach any additional data and/or pages that may assist us in making an appropriate decision. If you have any questions regarding the completion of this form, please call our office at (803) 545-4370; our fax number is (803) 545-4212. A team composed of Departmental staff will review the request and make a recommendation to the approving authority. After a determination is made to approve or disapprove, you will be notified in writing of the decision.

**1. Please check one:**    ☐ Existing licensed \_\_\_\_\_ facility                      ☐ Proposed \_\_\_\_\_ facility

Facility name \_\_\_\_\_ Phone number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**2. Printed name and title of administrator:** \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

**3. Standard to which exception is requested: Regulation # 61-\_\_\_\_, Section \_\_\_\_\_, as quoted:**

**4. The specific requirement for which exception is requested:**

**5. This exception is being requested because:**

**6. The protection afforded by the existing standard will be provided in the following manner should this exception be granted:**

**7. If a committee within your organization has reviewed this request for exception, please attach a copy of committee meeting minutes.**

**For Department Use Only:****Recommendation****Rationale**

Grant	Deny	
		Health Licensing - Exception Request Review Team  Team Facilitator: _____ Date: _____
		Fire and Life Safety (as applicable)  Manager: _____ Date: _____
		Health Facilities Construction (as applicable)  Director: _____ Date: _____
		Health Licensing  Director: _____ Date: _____
		Health Facilities Regulation  Director: _____ Date: _____
		Health Regulation  Asst. Deputy Commissioner: _____ Date: _____

**Return to Health Licensing for action.**

Letter to facility/proposed facility prepared on \_\_\_\_\_, Mailed \_\_\_\_\_.

**Note:** Insert N/A if recommendation signature does not apply.

**INSTRUCTIONS FOR COMPLETING THE  
REQUEST FOR EXCEPTION TO LICENSING STANDARD (DHEC FORM 226)**

**PURPOSE:**

This form is to be used by facilities licensed through Health Licensing when requesting an exception to the licensing standards contained within applicable Departmental Regulations.

**EXPLANATION AND DEFINITION:**

Sections 1 through 7 are to be completed by the licensed or proposed facility requesting the exception. Once completed the facility will forward the request to Health Licensing.

The reverse side of the form is for Department use only. Applicable Department personnel will either recommend or deny the request for the exception, provide any necessary comments, sign, date and forward to the next interested party. The Assistant Deputy Commissioner is the final approving/denying authority. Upon his/her completion of the form it is to be returned to Health Licensing for final disposition and notification to the applicant.

If approval of exception is granted to the facility by the Department, it shall be the responsibility of the facility to maintain a copy of the approval for future reference. The Department reserves the right to withdraw approval of the exception at anytime when it is in the best interest of the public health.

**OFFICE MECHANICS AND FILING:**

After all actions have been completed, notification is sent to the licensed or proposed facility originating the request. The original shall be placed in the Master File of the facility in Health Licensing and kept there until the document is no longer considered to be in effect.

If the document is no longer considered permanent, then it shall be kept in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in all of our Master Files requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.